

# **Completing Pre-Printed Discharge Monitoring Reports (EPA Form 3320-1)**

State Water Resources Control Board

Document Owner: Discharge Monitoring Report Processing Center  
Document Recipients: Major NPDES Permit Holders  
Document Location: <http://www.waterboards.ca.gov/dmr/docs/instructions.pdf>  
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### Prerequisites

- You are a major NPDES Permit Holder
- You are using the pre-printed forms mailed to you
- You are familiar with your permit
- You have access to the Internet

### Preface

## THE FORMS MUST BE SUBMITTED EVEN IF THERE WAS NOT ANY DISCHARGE

An original and three copies are provided. **RETURN ONLY THE ORIGINAL TO THE CA DWQ.** The remaining three copies are for your use.

### Send completed DMRs to:

Standard Mail	FedEx/UPS/Other Private Carriers
Division of Water Quality C/O DMR Processing Center P.O. Box 100 Sacramento, CA 95812-1000	Division of Water Quality C/O DMR Processing Center 1001 I Street, 15 <sup>th</sup> Floor Sacramento, CA 95814

### FAILURE TO ADDRESS THE COPIES CORRECTLY MAY RESULT IN NON-RECEIPT BY THE SWRCB.

When these instructions conflict with those on the back of the forms, these instructions shall be controlling.

Please provide these instructions (or a copy) to those who fill out, assemble and/or mail out the DMR forms.

Please visit our new DMR Help Center website at <http://www.waterboards.ca.gov/dmr> for any questions you might have about this process or call 916-324-6683.

## Description of Each Area on the DMR

Each of the following numbered items corresponds to a like-numbered item on sample DMR form.

PERMITTEE NAME/ADDRESS NAME ANYTOWN, CITY OF ADDRESS P.O. BOX 555 ANYTOWN CA 99999-9999		NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) PERMIT NUMBER CA0000000 DISCHARGE NUMBER 001 A		MAJOR (SUBR 04) F - FINAL DISCHARGE 001						
ATTN: SUPERINTENDENT		MONITORING PERIOD YEAR MO DAY 91 07 01 YEAR MO DAY 91 07 31		*** NO DISCHARGE *** NOTE: Read instructions before completing this form.						
PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION		NO. EX.	FREQ. ANALYSIS	SAMPLE TYPE				
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQ. ANALYSIS	SAMPLE TYPE
11 BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	15 OPTIONAL 30 DA AV	15 REPORT DLY MAX	20 KG/ DAY	15 30 DA AV	21 45 07 DA AV	15 60 DLY MAX	19 MG/L	16 WEEKLY COMP24	17 24	18 25
12 13 14			23 (01)							
26 CORRECT USE OF NODI	OPTIONAL 30 DA AV	REPORT DLY MAX	KG/ DAY	30 30 DA AV	NODI (B) 45 07 DA AV	60 DLY MAX				26 CORRECT: NODI ENTERED ONCE FOR THE PARAMETER; NO OTHER ENTRIES.
27 INCORRECT USE OF NODI	OPTIONAL 30 DA AV	REPORT DLY MAX	KG/ DAY	<0.001 30 DA AV	<0.001 45 07 DA AV	<0.001 60 DLY MAX				27 INCORRECT: NODI ENTRY MIXED WITH OTHER ENTRIES.
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		(CERTIFICATION STATEMENT)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
28				29		30		31		
COMMENT AND EXPLANATION OF ANY VIOLATIONS										
32										

- SAMPLE EPA DMR FORM -  
(Rev. 09/08/95)

EPA Form 3320-1 (Rev. 10-79)

PAGE OF

☞ YOU provide the information for items marked with ✍

1. Address to which the forms are sent. If this information is not correct, please e-mail [dmrhelp@waterboards.ca.gov](mailto:dmrhelp@waterboards.ca.gov) with "Address Change" in the subject line.
2. ATTN: Name of person to whom the forms are sent. This name does not have to be the person who will sign the completed forms. Preferably this is the person who is most familiar with the content of the forms, who is probably the person who will fill them out.
3. NPDES Permit number.
4. Discharge Number: the first three characters usually indicate the actual discharge number. However, some situations require use of "special" discharge numbers; in such cases, an explanation will appear in the Discharge Description, Item 9. The most commonly used "special" discharge numbers are:

INF When there is a large number of influent requirements, "discharge number" INF may be used to keep them all together.



SUM Used for MASS limits when the facility has multiple discharge points, and the permit contains only a single set of MASS limits which are applicable to the Total Facility MASS Discharge Rate. In such cases, it would be incorrect to apply the Total Facility MASS Limits to the individual discharge points. Instead, MASS discharge rates must be calculated for each discharge point, then added together to arrive at the Total Facility MASS Discharge Rate.

The fourth character is a report grouping code; some frequently used groupings are:

A	- monthly grouping
Q	- quarterly grouping
S	- semiannual grouping
Y	- annual grouping

All references herein to "discharge number" refer to all four characters as printed on the DMR forms.

5. Monitoring Period: the period covered by the DMR form. PLEASE DO NOT ALTER THESE DATES.
6. Major discharger indicator.
7. Indicates the number of the appropriate Regional Water Quality Control Board.
8. EPA designation for type of effluent limits in the NPDES permit: Initial, Interim or Final.

9. Discharge Description: if present, describes the Discharge Number (Item 4).
10.  "No Discharge/No Data" box: Used when NO data is being reported for the entire discharge number (as listed in the "Discharge Number" box); enter the appropriate code in the box (usually "C"); the list of codes is located at Item 26 (Page 5) of these instructions. If you are reporting "No Discharge" or "No Data" for the entire discharge number, you may proceed directly to Item 28 after completing this Item.  
EXAMPLE: If the Discharge Number is "001 A" (as noted in the Discharge Number Box, Item 4.), and there are 5 pages for 001 A, and the reason no data is being reported is that there was no discharge, you would enter a "C" in the No Discharge box on each of the 5 pages. Additional codes and how to report "No Data" for an individual parameter are discussed in Item 26.
11. Parameter Description.
12. Parameter Code: parameters are always listed on the form in Parameter Code order.
13. Monitoring Location Description: describes the waste stream to be sampled - influent, effluent, % removal, etc. If it says "SEE COMMENTS BELOW", refer to the Comments section of the form (Item 32) for an explanation.
14. Monitoring Location Code.
15.  Sample Measurement Boxes: enter the data you are reporting in these boxes. Asterisks (\*\*\*\*\*) in a Sample Measurement Box indicate that no entry is required in that box. **All "open" Sample Measurement Boxes must be filled in, except as noted in Items #10 & #26.**



**EXPONENTIAL NOTATION IS NOT ACCEPTABLE.**



**WHEN CALCULATING AVERAGES WITH A MIX OF DATA POINTS ABOVE & BELOW THE PQL, THE DATA POINTS BELOW THE PQL SHALL BE TREATED AS 0 (ZERO).**



Data must be reported in the same unit of measurement as specified by Items 20 and 22.




ALL blank Sample Measurement boxes **MUST** be filled in, except as noted in Item 10 above, or Item 26 below. When an average is to be reported,

put in the actual average of all the data for the period, regardless of how few samples are taken.

For details on reporting **Conditional Requirements, Below Detection** and **Not Quantifiable** - see Items #23 & # 26 below.

NON-NUMERIC ENTRIES: the only acceptable non-numeric entries are:

> (Greater than)	requires an accompanying numeric value
< (Less than)	requires an accompanying numeric value
- (Negative number)	requires an accompanying numeric value
E (estimate)	requires an accompanying numeric value
T (too numerous to count)	bacteriological - valid only by itself

16.  No. Ex. — The total number of times that the limit(s) for the parameter were exceeded during the monitoring period.

For example, assume there are concentration limits for Monthly Average, Weekly Average and Daily Maximum: if the Daily Max was exceeded 5 times, and the Weekly Average was exceeded 2 times, and the Monthly Average was exceeded 1 time, the total number of times the limits were exceeded is 8. Additionally, if any mass loading limits were exceeded, those must be counted also.

17.  Reported Frequency of Analysis.

18.  Reported Sample Type.

Limits, Monitoring, and Reporting Requirements (Items 19 thru 25) are obtained from the Effluent Limits and/or Monitoring & Reporting Program sections of the NPDES permit.

19. Mass Emission Limits.<sup>1</sup>
20. Mass Emission Units: LBS/DAY, KG/DAY, MGD, etc; the 2-digit number in parentheses is the EPA computer code for the unit of measurement.
21. Concentration Limits<sup>1</sup>
22. Concentration Units: MG/L, etc; the 2-digit number in parentheses is the EPA computer code for the unit of measurement.

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<sup>1</sup> When no limits apply, but monitoring and reporting is still required, "REPORT" will appear in place of a numerical limit in Items 19 and 21. "REPORT" means that the indicated value (such as 30DA AVG) *must be reported*. If the word "OPTIONAL" is present (instead of REPORT) it means that reporting of the indicated value is desirable, but not required.


23. Description of values to be reported: defines the statistical value to be entered in the corresponding "Sample Measurement" box. Each value should be calculated as directed in the permit.

When there are multiple averages during the reporting period, as would be the case with Weekly or 7-Day Averages, the highest one should be reported on the DMR form. For "Daily Max", report the highest single sample value obtained during the month.

These statistical values supersede the MINIMUM, AVERAGE, MAXIMUM printed at the top of the five columns on each DMR page.



**WHEN CALCULATING AVERAGES WITH A MIX OF DATA POINTS ABOVE & BELOW THE PQL, THE DATA POINTS BELOW THE PQL SHALL BE TREATED AS 0 (ZERO).**

24. Required Sampling Frequency.
25. Required Sample Type.
26.  No Discharge / No Data (NODI) Indicator for an individual parameter: put the letters "NODI" and the appropriate code in parentheses in ONE of the Sample Measurement boxes for the parameter; no other entries are necessary. Example: NODI (?). The available codes are listed below.

<u>Code</u>	<u>Meaning</u>
C	NO DISCHARGE
B	BELOW DETECTION LEVEL
Q	NOT QUANTIFIABLE
9	CONDITIONAL MONITORING: NOT REQUIRED THIS PERIOD
F	INSUFFICIENT FLOW FOR SAMPLING
D	LOST SAMPLE
G	SAMPLING EQUIPMENT FAILURE
2	OPERATIONS SHUTDOWN
H	INVALID TEST
K	FLOOD DISASTER

***Below Detection:*** when ALL data points for given a parameter/monitoring period are below the MDL (Method Detection Limit), report the parameter as NODI (B).



**NODI (B) CANNOT BE USED FOR A GIVEN PARAMETER/MONITORING PERIOD IF ANY SINGLE DATA POINT FOR THAT PARAMETER/MONITORING PERIOD IS ABOVE THE MDL.**

***Not Quantifiable:*** when ALL data points for a given parameter/monitoring period are below the PQL (Practical Quantitation Level), but 1 or more are equal to or above the MDL (Method Detection Limit), report the parameter as NODI (Q).



**NODI (Q) CANNOT BE USED FOR A GIVEN PARAMETER/MONITORING PERIOD IF ANY SINGLE DATA POINT FOR THAT PARAMETER/MONITORING PERIOD IS ABOVE THE PQL.**








**WHEN CALCULATING AVERAGES WITH A MIX OF DATA POINTS ABOVE & BELOW THE PQL, THE DATA POINTS BELOW THE PQL SHALL BE TREATED AS 0 (ZERO).**



The No Discharge / No Data Indicator (NODI), when used for an individual parameter, applies to ALL "Sample Measurement" boxes for that parameter; however, you need enter it on the DMR form only once for a given parameter. Item 26 on the attached sample DMR form illustrates the correct way to enter NODI on the DMR forms.



**"NODI" MAY NOT BE MIXED WITH OTHER ENTRIES FOR THE SAME PARAMETER; I.E. ENTER THE NODI ( ) CODE ONCE ONLY, AND DON'T ENTER ANYTHING ELSE FOR THAT PARAMETER.**

28.  Typed or printed name of principal executive officer.
29.  Signature of principal executive officer or authorized agent. *If there was no discharge* from the facility for this period, you need sign only the first page of the forms for each discharge number. Example: if you have forms with the discharge numbers INF A and 001 A, sign the first page of each of those sets of forms.
30.  Phone number of the person signing the form.
31.  Date of signature.
32.  Comments: May contain special instructions, explanations, etc. May also be used by permittee to enter comments.